

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Bianco			
(Name of 18 Centre Business Address: (Street (603) 225-7170	of partnership, firm or corporation) Street Conco		
18 Centre Business Address: (Street (603) 225-7170	Street Conco		
Business Address: (Street (603) 225-7170			
(603) 225-7170	t) (Town/C)		03301
	(1011)	ity) (State)	(Zip Code)
(Telephone)	(603) 226-016	65e-mail_attys@bi	ancopa.com
		(Fax)	
	ers: (Choose one – file separate isactions which are not attribut	reports for each client, OR you mag table to any one client).	y file a separate repo
X All reportable transac	ctions occurring in the months pri	ior to the reporting date relative to the	following client:
	WellCare Healt	h Plans, Inc.	
-	Full Name of Client as it appears on	the Lobbyist Registration Form)	
<u>OR</u>			C
. All reportable transac unrelated to any particula		the lobbyist's family), or the lobbying	g firm fisted below whi
	April 25, 2018 🗍	July 25, 2018 🗶	
	from date of registration to 3/31/18	· · ·	
	October 31, 2018	January 30, 2019 \Box activity from 10/1/18 to 12/31/	18
		rtable transactions made since th it to the Secretary of State's Office, St	
	reports are attached:		
VI. Check if additional	•	must file Addendum A- Fees and Ex	penses
VI. Check if additional If you have received	fees or made expenditures, you remonorarium or reimbursed expens	must file Addendum A- Fces and Exses, you must file Addendum B- Rep	

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 11,250
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 11,292
f) Total of all expenses year to date	f) \$ 22,542
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
(Signature of labbuild)	07/25/2018
(Signature of lobbyist)	(Date)
James J. Bianco, Jr. (Print Name of Johnwist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, fi	rm, or corpora	ation: Bianco Professi	onal Association
Name of Client (leave blank if Sta	atement is for	the partnership, firm, or	corporation and not related to any
particular client): WellCare He	alth Plans, Ir	nc.	
Date of Report (check one):			
April 25, 2018 □ July 25,	2018 🖾	October 31, 2018 🗆	January 30, 2019 □
I have read RSA 15, RSA 15-B, the following Addendums submitted):			•
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my knowledge (Signature of lobbyist)	n	ef.	of and each Addendum is true and y 25, 2018 (Date)
Adam Schmidt			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corpor	ration: Bianco Professional Association
Name of Client (leave blank if Statement is for	r the partnership, firm, or corporation and not related to any
particular client): WellCare Health Plans, I	nc.
Date of Report (check one):	
April 25, 2018 ☐ July 25, 2018 ☒	October 31, 2018 January 30, 2019
	e Statement of Income and Expenses described above, and it Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing inf complete to the best of my knowledge and beli	formation on the Statement and each Addendum is true and lef.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	July 25, 2018
(Signature of obbyist)	(Date)
Karen Soucy	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	îrma	tion	by	Lobby	ist
Statem	ent of	Income	and	Expe	nse	s for:	

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): WellCare Health Plans, Inc.
Date of Report (check one):
April 25, 2018 □ July 25, 2018 ☒ October 31, 2018 □ January 30, 2019 □
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and he following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. July 25, 2018 (Date)
Kathy Corey Fox
Print Name of lobbyist)